

MISSOURI STATE HIGHWAY PATROL
REQUEST FOR TRAFFIC CRASH REPORT

Please Print Legibly

Date of Request: _____

Date of Accident: _____

Accident Complaint/Incident Number (*if known*): _____

Name of Driver or Vehicle Owner: _____

Accident Location (*include county & roadway name*): _____

Name of Requesting Party: _____

Address of Requesting Party: _____
(Street)

(City)

(State)

(Zip Code)

Telephone No. of Requesting Party (*include area code*): _____

Reason for Request (*please check all that apply*):

_____ Involved in Crash

_____ Owner of Vehicle Involved in Crash

_____ Insurance Co. Representative of Person Involved

_____ Physician of Person Involved

_____ Member of Street Department of Involved
Jurisdiction

_____ Family Member of Person Involved

_____ News Media Representative

_____ Attorney

_____ Other (*explain*) _____

Please Indicate the Number of Copies Requested (*price is per item*):

_____ Traffic Crash Report \$3.25

_____ Notary Certification (*affidavit*) of Traffic Crash Report \$2.00

(*Certification fee is in addition to above fee for accident report.*)

*Request for certified crash reports must be submitted to the
Missouri State Highway Patrol, Traffic Division.)*

For those agencies/individuals not having an established charge account, payment must be made by check or money order payable to: DPS - Missouri State Highway Patrol. Please DO NOT include cash.